Information for Parties Seeking to File a Complaint of Discrimination Under Tempe City Code Chapter 2 Article VIII Human Relations Ordinance

Enclosed please find a discrimination complaint form.

- ◆ Please read these instructions prior to completing the enclosed form.
- ◆ The alleged discrimination must have taken place within the city limits. The City of Tempe does not have jurisdiction relative to employment, housing or public accommodation complaints of discrimination outside of the city limits.
- Assess if your complaint clearly articulates that a discriminatory practice and/or act has occurred against you. It is necessary to show that persons of a different group than yours (race, color, gender, gender identity, sexual orientation, religion, national origin, familial status, age, disability, or United States military veteran status) have been treated in a manner different from you and that the difference in treatment has had a negative impact on your employment, housing or in the refusal or restriction of a facility or service.
- ◆ Complete <u>all</u> sections of the complaint form and either print or type the complaint information. In completing the form, please provide clear and concise information when describing the alleged discriminatory practice(s) and/or act(s); the dates of the alleged discriminatory practice(s) and/or act(s); and witnesses to such practice(s) and/or act(s). Incomplete forms will be returned without further processing.
- ◆ The complaint form <u>must be notarized</u> with your signature, where indicated. Non-notarized complaint forms will be returned without further processing.

Please submit the completed form to the Diversity Office at the address shown below. The Office will review your complaint and make a determination regarding jurisdiction. (Note: the review process may take several weeks. You will be notified by mail of the status of your complaint.)

Should you have any additional questions regarding the complaint form, you may contact the Diversity Office at (480) 350-2905.

Return your completed, notarized, form to:

City of Tempe Diversity Office P. O. Box 5002 Tempe, AZ 85280

Attachment: Discrimination Complaint Form/Brochure

Case #	Date Received:
Diversity Staff	

Tempe City Code Chapter 2, Article VIII Human Relations Ordinance Discrimination Complaint Form

Please note: the complaint must be filed within **45 calendar days** from the date of the alleged discriminatory act. Please refer to Tempe City Code Chapter 2, Section 2-604 for other organizational exclusions over which the Diversity Office may not have jurisdiction.

PLEASE COMPLETE, SIGN AND NOTARIZE. (Incomplete, unsigned, non-notarized forms will not be accepted and will be returned.)

I. COMPLAINANT INFORMATION:

Home Address: City/state/Zip: Home Telephone: Alternate Telephone: Is this complaint relative to: ____ Employment ____ Housing ____ Public Accommodation II. TYPE OF COMPLAINT: On what basis do you believe you are being or have been discriminated against? () National Origin () Gender () Race () Color () Sexual Orientation () Disability () Gender Identity () Familial Status () Age (40+ Employment) () U.S. Military () Religion () Age (18+ Housing & Public Accommodation)

Name:	
Address:	City/State/Zip:
Home Telephone:	Alternate Telephone:
(Beginning with the mos	THE DETAILS OF THE INCIDENT: st recent incident, please list events in reverse chronological order be specific.) Attach additional pages if necessary.
NAME. ADDRESS.	AND TELEPHONE NUMBER OF PERSONS WHO HAVE
•	
•	AND TELEPHONE NUMBER OF PERSONS WHO HAVE GE OF THE EVENTS LISTED ABOVE:
DIRECT KNOWLED Name:	GE OF THE EVENTS LISTED ABOVE:
Name:Address:	GE OF THE EVENTS LISTED ABOVE: City/State/Zip:
DIRECT KNOWLED Name:	GE OF THE EVENTS LISTED ABOVE: City/State/Zip:
Name:Address:Telephone #:	GE OF THE EVENTS LISTED ABOVE: City/State/Zip:Alternate Telephone:
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VI.	WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?		
VII.			
	If yes: EEOC () ACRD () Other ()		
Please attach copies of any available documentation relating to this complaint. OATH OF AFFIRMATION: I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.			
		Sign	ature:Date:
		Subs	scribed and Sworn to before me this day of,,
Nota	ary Public		
Му	Commission Expires:		
Plea	se return completed complaint form to:		
	City of Tempe Diversity Office		
Му	Commission Expires: use return completed complaint form to: City of Tempe		

Tempe, AZ 85280